

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031926

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1238

STATE FILE NUMBER

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Ava	
Length of stay in lb 7 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John		d. STREET ADDRESS (If outside, give location) Route 3	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First George E. Middle Flattem Last Flattem	4. DATE OF DEATH Month August Day 30 , Year 1963
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-16-94	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 9 Days 20 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Cutter for Ford Motor Co.	10b. KIND OF BUSINESS OR INDUSTRY Minneapolis, Minn.	11. BIRTHPLACE (City and state or country) USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Hans Flattem	13b. MOTHER'S MAIDEN NAME Ellen Gravens	14. NAME OF HUSBAND OR WIFE Pearl Gilligan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Pearl Flattem, R. 3, Ava, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE LUNG, DUE TO (b) OAT cell type DUE TO (c) 9 mo		INTERVAL BETWEEN ONSET AND DEATH 9 mo
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 11:10 A.M. Month, Day, Year Jan 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield Mo	COUNTY Ava	STATE Missouri
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21. I attended the deceased from Jan 63 to Aug 63 and last saw him/her alive on 30 Aug 63 Death occurred at 11:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Jim Waterfield MD	22b. ADDRESS Springfield Mo	22c. DATE SIGNED 9/3/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-3-63	23c. NAME OF CEMETERY OR CREMATORY Ava	23d. LOCATION (City, town, or county) Ava, Missouri
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24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.	25. DATE RECD. BY LOCAL REG. 9-5-63	26. REGISTRAR'S SIGNATURE Bernie Medley
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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SEP 10 1963

Dr. Watershed

8/30/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.